United States Bankruptcy Court	Administrative		
Southern District of New York Delphi Corporation et al. Claims Processing	Expense Claim	***	
c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue	Form		
El Segundo, California 902453	1.01.		
Debtor against which claim is asserted:			
	Case Name and Number In re Delphi Corporation, et al. 05-44481	į	
Delphi Corporation, et al. 05-44481 Delphi Automotive Systems LLC 05-44640	Chapter 11, Jointly Administered	· ·	
•	· · · · · · · · · · · · · · · · · · ·	ĺ	
NOTE: This form should not be used to make a claim in connection with a reques to the Debtors prior to the commencement of the case. This Administrative Exper	st for payment for goods or services provided		
connection with a request for payment of an administrative expense arising after	commencement of the case but prior to		
June 1, 2009, pursuant to 11 U.S.C. § 503.		-	
Name of Creditor	Check box if you are aware that anyone else has filed a proof of claim relating to		
(the person or other entity to whom the debtor owes money or property)	your claim. Attach copy of statement		
LEAR CORPORATION GmbH	giving particulars. Check box if you have never received any	1	
CONTROL OF THE CONTRO	notices from the bankruptcy court in this		
Name and Address Where Notices Should be Sent	case.		
-/- D-1-1- F. McDawall	Check box if the address differs from the address on the envelope sent to you by the		
c/o Raiph E. McDowell Bodman LLP, 1901 St. Antoine, 6th Floor at Ford Field	court.		
Detroit, Michigan 48226			
,		2011 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	
Telephone No. (313) 393-7592		THIS SPACE IS FOR COURT USE ONLY	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES	Check here if this claim to replaces		
DEBTOR:	amends a previously filed cla	airn, dated	
BASIS FOR CLAIM		***************************************	
X Goods sold	Retiree benefits as defined in 11 U.S.C. § 1114(a)	***************************************	
G Services performed G Money loaned	Wages, salaries, and compensation (Fill out below) Your social security number		
O Personal injury/Wrongful death	Unpaid compensation for services performed		
G Taxes	from to (date) (date	<u> </u>	
Other (Describe briefly)	(4-1-)		
2. DATE DEBT WAS INCURRED	3. IF COURT JUDGMENT, DATE OBTAIN	JED.	
Various dates	J. IF COOK! JODOMBINI, DATE OF TAIL	,	
1 5.2 5 50 54779			
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$_EUR 98.001			
D Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
5. Brief Description of Claim (attach any additional information):			
	•		
6. CREDITS AND SETOFES: The amount of all payments on this claim has bee	n credited and deducted for the purpose of making	THIS SPACE IS FOR	
this proof of claim. In filing this claim, claimant has deducted all amounts that of	laimant owes to debtor.	COURT USE ONLY	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such			
itemized statements of running accounts, contracts, court judgments, or evidence	e of security interests. DO NOT SEND		
ORIGINAL DOCUMENTS. If the documents are not available, explain. If the	locuments are voluminous, attach a summary.		
Any attachment must be 8-1/2" by 11".			
8. DATE-STAMPED COPY: To receive an acknowledgement of the filing of you	ur claim, enclose a stamped, self-addressed		
envelope and copy of this proof of claim.			
Sign and print the name and title, if any, of the	creditor or other person		
authorized to file this claim (attach copy of po	wer of attorney, if any)		
1 M. S. M. S.	e se d	1	
July 14, 2009	dia Calat		
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Name and Address Where Notices Should be Sent	case. Check box if the address differs from the	•	
c/o Raiph E. McDowell	address on the envelope sent to you by the		
Bodman LLP, 1901 St. Antoine, 6th Floor at Ford Field Detroit, Michigan 48226	COUL		
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O Other (Describe briefly)	(date) (dat	e)	
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Various dates	J. II GOOKI VODGRIDATI, DATE ODITIO		
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ \$13,615.54			
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5. Brief Description of Claim (attach any additional information):			
		THIS SPACE IS FOR	
6. CREDITS AND SETORES: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.			
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such itemized statements of running accounts, contracts, court judgments, or evidence of the property of the documents of the property of th	e of security interests. DO NOT SEND		
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July 14, 2009 Roth & My Day			
		of the second	
Raiph E. MilDowell, counsel for Lear Corpora	vel		